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SUBJECT: ACUTE WATERY DIARRHEA AND OTHER POTENTIAL
OUTBREAKS IN SOUTHERN SUDAN

REF: Khartoum 0478

Summary and Comment

¶1. From February 18 to March 3, 2006, a USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA) Public Health Advisor traveled to Juba, Southern Sudan, to meet with USAID/OFDA health partners and assess the response to the Acute Watery Diarrhea (AWD) outbreak in Juba and surrounding areas. Between January 28 and March 7, 2006, a total of 5,924 cases of AWD and 132 deaths, with an overall case fatality rate of 2.23 percent, were reported in Yei and Juba. The outbreak spread, with cases reported in Malakal, Torit, and Bor towns. In Juba, the response has been adequate with excellent coordination among the technical working group, the water and sanitation working group, and local authorities. The number of new cases in Juba is now declining, but the outbreak is spreading to other areas. Humanitarian and health agencies remain concerned about the possibility of a meningitis outbreak. End summary and comment.

Introduction

¶2. The first case of AWD occurred in Juba on February 6, 2006, and the AWD outbreak has since been linked to vibrio cholera inaba. According to WHO, the Government of National Unity Ministry of Health (GNU MOH), and the Government of Southern Sudan Ministry of Health (GoSS MOH), the last cholera outbreak in Juba was in 1976. Cholera causes AWD in 20 percent of those infected. According to WHO, approximately 10 percent to 20 percent of those infected develop severe watery diarrhea with vomiting, leading to dehydration and death if untreated. Approximately 80 percent of cases can be successfully treated with oral rehydration salts. Prompt and appropriate medical management of cases can significantly decrease mortality. According to WHO and non-governmental organizations (NGOs), most deaths during this outbreak are due to late presentation of cases for treatment at health facilities.

¶3. According to WHO, as of March 7, 2006, the cumulative

number of reported AWD cases in Juba was 4,158 and the cumulative number of reported deaths due to AWD was 79, indicating a case fatality rate of 1.9 percent. In Yei, the cumulative number of AWD cases reported through March 5, 2006 was 1,766 and the cumulative number of reported deaths from AWD was 53, indicating a case fatality rate of 3 percent.

¶4. The number of new cases from Juba and Yei has declined, but the outbreak is now spreading to other locations in Southern Sudan. Laboratory tests have confirmed cases in Kajo Keji (2 cases), Pibor (40 cases with 1 death), Lekuongole (1 case), and Terekeka (51 cases with 3 deaths). Cases of AWD pending laboratory confirmation have also been reported from Torit (422 cases with 24 deaths) and Mongalla (14 cases with 5 deaths), but laboratory tests have not yet confirmed these as linked to cholera. In addition, 21 new cases and 1 death from AWD were reported in Malakal on March 7. In Bor there have been 31 reported cases of AWD with one death as of March 7. In Koboko, Uganda, across the border from Yei, 31 cases of AWD with 1 death have been reported since February 3, 2006.

Coordination

¶5. The Under Secretary of the GoSS MOH chairs a task force responsible for the overall public health response to the outbreak in Juba. This task force meets daily and has representation from different working groups involved in the response. The working groups include a technical group dealing with the case management and surveillance,

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and a working group on environmental control in the sectors of water, sanitation, and hygiene. The task force and working groups appear to be well coordinated and efficient. For example, the technical working group mapped the data on cases of AWD and shared this information with the water and sanitation experts, who then focused the chlorination and hygiene promotion activities in high-risk areas.

Environmental Control

¶6. Efforts are underway to improve the water supply in Juba. Access to clean water is expected to remain a major concern given the anticipated high rate of population return into this area.

¶7. The U.N. Children's Fund (UNICEF) will provide spare parts needed to fix broken boreholes. Water chlorination is taking place at the river, boreholes, and households. As of March 2, 238 volunteers had been trained to disinfect wells and boreholes, chlorinate water at 11 sites along the riverbank, and inject chlorine into individual water containers. Nevertheless, some women refused to have their water containers chlorinated due to the unpleasant taste of the chlorinated water and misunderstanding of the need for the chlorination. The water and sanitation working group is implementing community health education activities and increasing awareness on cholera prevention methods, but continued work is needed to educate the population. UNICEF has trained monitors and provided them with testing kits to ensure that water sources are properly chlorinated.

¶8. Health and hygiene education campaigns have been underway since the start of the outbreak. Health messages are broadcast on the radio, as well as question and answer sessions with Sudanese health professionals, water and sanitation experts, and NGOs. These broadcasts

focus on the causes and prevention of the illness, and where to seek treatment for AWD. Health education messages are also disseminated from a yellow taxi that drives around town with a public address system, broadcasting messages on AWD prevention and the location of treatment centers.

¶9. Volunteers have been sent to marketplaces and households for sanitation and hygiene promotion, case finding, and referral to the cholera treatment centers. Marketplaces have been cleaned up and new latrines are being constructed. The government declared March 3 and March 6 as public cleaning days during which the population in Juba town cleaned their homes and areas in town. These cleaning efforts need to be sustained in order to consolidate the hygiene and sanitation gains achieved in response to the current crisis.

Case Management and Surveillance

¶10. There are three cholera treatment centers and two local hospitals providing treatment in Juba. Health partners are following WHO case management guidelines and protocol for treating bodies of those who have died. In addition, all health agencies are using the same case definition for AWD, making surveillance more systematic and reliable from the nine fixed surveillance sites in Juba. Additional sites will be set up to cover new outbreak areas. The working group analyzes and monitors the epidemiological pattern and transmissions trends daily to respond to the changing patterns of the outbreak. The surveillance system collects systematically stool samples for laboratory testing in order to monitor any change in the pathogen causing this outbreak.

¶11. Currently the technical group has enough cholera supplies to deal with the outbreak. However, if the outbreak continues or expands to several highly populated

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areas, WHO would need assistance with additional cholera kits, and health partners would need additional resources to respond. WHO has identified a possible need for an epidemiologist to provide technical assistance to the current response.

Meningitis

¶12. Another emerging concern is meningitis. According to WHO, more than 100 cases of suspected meningitis have been identified in six states of Sudan to date in 2006. One death due to meningitis was confirmed at the Juba Teaching Hospital. The GoSS MOH, GNU MOH, WHO, and NGOs have begun preparing for a possible meningitis outbreak by working on the case definition and management guidelines and setting up disease surveillance systems. WHO has testing kits and 90,000 vaccine doses ready for dispatch from Kenya. WHO has one million doses of vaccines specifically for the Neisseria meningitis W135 strand ready to dispatch from Geneva.

USG response

¶13. The USAID Sudan Field Office (USAID/SFO) and partner agencies have continued maintaining sensitivity and support to the GoSS MOH regarding its reluctance to announce a cholera outbreak, calling it instead AWD in accordance with GoSS Ministry of Information preference. International organizations and foreign government

advisors will support a decision by the GoSS MoH to announce the cholera outbreak, provide modern emergency management protocols and guidelines, and assist in public relations damage control if necessary.

¶14. USAID partner John Snow Institute (JSI) has produced 20,000 copies of information materials for distribution this week. The first round of posters is scheduled for distribution in coordination with the GoSS MOH task force in the towns of Juba, Yei, Terekeka, Kajo Keji, Nimule, Bor, and Pibor, and the counties of Panyagor, Tambura, Mvolo, Mundri East and West, Tonj South, and Panyijar. JSI has also hired an outbreak specialist to provide recommendations on a technically sound response to the outbreak and an assessment of current efforts.

¶15. The Centers for Disease Control and Prevention (CDC) has suggested that an applied epidemiology resident expert assist efforts in Juba. A CDC expert from Atlanta may be in country soon to assist the UNICEF-led effort to send water and sanitation teams to areas of reported cases of AWD.

¶16. USAID and USAID health partners have formed an AWD outbreak group to share information. The group understands that the GoSS MOH, GNU MOH, and WHO are the lead agencies and has agreed that no USG-funded interventions, publications, or other activities are to take place without prior knowledge and approval of the lead agencies. USAID/OFDA partners working in the health and water and sanitation sectors are using existing funds to assist in this response through sanitation and chlorination activities.

¶17. USAID/OFDA, in close collaboration with USAID/SFO health specialists, will continue to monitor the outbreak and provide support should the outbreak spread to new areas and exceed the capacity of NGOs and WHO. Support could include funding to purchase new cholera kits, implement water and sanitation or hygiene activities, and establish cholera treatment centers. USAID/OFDA, in collaboration with USAID/SFO health staff, will monitor preparations for a possible meningitis outbreak and support NGO partners in case a response is needed.

STEINFELD